

NOTICE OF INDEPENDENT REVIEW DECISION

July 3, 2003

RE: MDR Tracking #: M2-03-1073-01
IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in anesthesiology and pain management which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury in a motor vehicle accident (MVA) on _____. He was the restrained driver of a stopped vehicle which was rear-ended at a high rate of speed. The patient reported pain in the neck and low back. He had a previous on the job injury requiring cervical fusion at C4-5.

Requested Service(s)

Cervical and lumbar epidural steroid injections (ESI) and subacromial bursa injections bilaterally

Decision

It is determined that the proposed cervical epidural steroid injections are medically necessary to treat this patient's condition. However, it is determined that the lumbar epidural steroid injections and subacromial bursa injections bilaterally are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The MVA on 01/12/03 caused whiplash. When there is extensive cervicalgia, an ESI frequently will decrease all of the inflammatory components with resolution of the cervicalgia.

Regarding the lumbar ESI, the patient has responded minimally to the lumbar facet injections. He has documented spondylolysis at L5. The treatment should be first to determine if this is a pre-existing condition or not. If it is an exacerbation of a pre-existing condition, a pars defect injection would be recommended. If this helps, a fusion would be warranted.

The bilateral subacromial bursa injections would not be warranted as there is nothing in history or physical exams that indicate the patient needs these injections.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 3rd day of July 2003.
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